

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)	09/402674				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		DEP.	IND.	DEP.	IND.
1	/						51				
2		/					52				
3		2					53				
4		2					54				
5		/					55				
6		/					56				
7		2					57				
8		0					58				
9		0					59				
10	/						60				
11		/					61				
12		2					62				
13		0					63				
14		0					64				
15		0					65				
16							66				
17							67				
18							68				
19							69				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	17						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				